THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

July 3, 2008

Mr. Arthur E. Fillmore
Chairman
Advisory Committee on Readjustment
of Veterans
12625 Overbrook Road
Leawood, Kansas 66209

Dear Mr. Chairman:

Thank you for submitting the Committee's 12th Annual Report of the Advisory Committee on the Readjustment of Veterans. I look forward to meeting with you during your next meeting to hear firsthand about the Committee's work.

The contributions of the Committee reflect the commitment of your members in meeting the readjustment needs of the Nation's war veterans. The Committee's recommendations continue to enhance our outreach and service programs for returning war veterans. A copy of the report and the Department's response to the recommendations will be sent to leaders of the Senate and House Committees on Veterans' Affairs.

The Committee's assistance is invaluable to the Department and has led to improvements as we work together toward our common goal—better services to all veterans, especially veterans returned from combat theaters. Again, thank you for your contributions.

Sincerely yours,

James B. Peake, M.D.

Enclosure

DEPARTMENT OF VETERANS AFFAIRS

ADVISORY COMMITTEE
ON THE READJUSTMENT OF VETERANS

March 2008

Twelfth Annual Report

I. **The Committee and its Mandate:** In compliance with the provisions of Public Law 104-262, section 333, this document is the annual report of the Department of Veterans Affairs (VA) Advisory Committee on the Readjustment of Veterans to the Secretary of Veterans Affairs. The Advisory Committee on the Readjustment of Veterans is mandated to:

- Assemble and review information relating to the needs of veterans in readjusting to civilian life.
- Provide information relating to the nature and character of psychological problems arising from service in the armed forces.
- Provide an on-going assessment of the effectiveness of the policies, organizational structures, and services of the Department of Veterans Affairs (VA) in assisting veterans in readjusting to civilian life.
- Provide on-going advice on the most appropriate means of responding to the readjustment needs of veterans in the future.
- In carrying out these activities, the Committee shall take into special account the needs of veterans who have served in a combat theater of operations.

II. **Committee's Mission Statement:** To promote the effectiveness and adequacy of VA programs, to include the availability, ease of access, quality and consumer satisfaction with delivery of services designed to meet the readjustment needs of America's war veterans, by providing consumer-based recommendations to the Secretary of Veterans Affairs.

III. **Committee's Scope:** The Committee functions as an external body of veteran consumer representatives charged with assessing the quality of VA services for veterans' post-war readjustment. As such, the Committee is responsible for formulating recommendations that are focused on service delivery outcomes evaluated in terms of the primary domains of value: access to care, technical quality (to the extent that visiting Committee

members have the clinical credentials to make such an assessment), functional status and customer satisfaction. VA organizational structures and program policies are appropriate subjects for the Committee's evaluations to the extent that they potentially affect the quality of veteran service outcomes.

IV. Committee's Methodological Objectives:

1. To conduct meetings to review and evaluate formal presentations by program officials and documents covering program workload data, program policy guidance, program standards of care and clinical guidelines.

2. To conduct meetings to review and evaluate the results of scientific research regarding the frequency and dynamic manifestations of Post Traumatic Stress Disorder (PTSD) and other war-related readjustment problems.

3. To conduct meetings to review pending legislation that pertains to veteran services.

4. To conduct field visits to VA facilities to observe and directly review the provision and coordination of services, to engage in discussions with VA program officials and service providers, and to engage in discussions with veteran clients where clinically appropriate. Committee field visits are a priority means for fulfilling the provisions of its mandate to represent the service needs of various war veteran populations throughout the country. Field visits also afford Committee members the opportunity for direct access to information related to (1) veterans' needs and service-related concerns and (2) VA program operations.

V. VA Service Functions of Value for Veterans' Readjustment: Based on its legislative mandate and input derived from veterans, and VA service providers and program managers, the Committee has identified several service functions that are of essential value to veterans' post-military readjustment.

1. **Readjustment Counseling:** The beyond medical, community-based services provided by the Vet Center program are critical to war veterans' readjustment and as the Committee has frequently recommended, VA should take steps as necessary to ensure the continued integrity of the program's resources and organizational structure. In the Committee's view, the Vet Center program provides unique service functions to war- and sexually-traumatized veterans not available anywhere else in VA.

2. **PTSD Treatment Programs:** The Committee believes that maintaining the capacity for technically proficient PTSD treatment for military-related war

trauma and sexual trauma is central to VA's service mission to veterans. The Committee continues to monitor the distribution of special PTSD treatment programs in VHA. In the Committee's view, PTSD program planning should be a strategic priority in every Veterans Integrated Service Network (VISN), and should be based on veterans' needs, local demographics and evidence-based program outcome measures. PTSD programming is central to the mission of VA and should not be a matter solely of economic efficiencies. In addition, the Committee believes that veterans should have ready access to technically proficient mental health treatment for psychiatric disorders that are frequently co-morbid with PTSD, such as substance abuse, depression, and anxiety disorder.

3. **Primary Care:** Also central to VA's service mission to veterans is access to quality primary health care with particular attention to service connected war injuries and stress-related disorders such as hypertension that may be interactive with chronic PTSD in older and minority veterans. In this regard, the Committee notes the significance of the provisions in current law authorizing VA to provide health care to some returning combat veterans without evidence for service connection. Procedures for implementing this authority are contained in VHA Directive 2002-049, dated September 11, 2002. In the Committee's view, active partnerships between local Vet Centers and VISN medical facilities should continue to be promoted and specifically articulated in VISN strategic plans.

4. **Access to Care:** In the Committee's view, community outreach and other accommodations to improve access to care for veterans are essential to veterans' readjustment. This is true both from the standpoint of ensuring timely provision of services for the new era of veterans returning from combat and peace-keeping missions, as well as, for overcoming psychological and cultural barriers to care. With particular reference to socially alienated, war-traumatized veterans, the Committee understands that the avoidance symptoms of PTSD function as internal psychological barriers to care, which must be relaxed through a safe and accepting therapeutic setting before PTSD treatment can be effectively begun. In this regard, Vet Center counselors are especially effective in forging alliances with local veterans through outreach contacts in the community prior to initiating more formal individual and/or group counseling at the Vet Center.

5. **Cultural Competence:** The Committee strongly promotes cultural competence for all VA programs. VA service functions should recognize the diversity of the American veteran population and promote the contributions of different ethnic groups and both genders to the defense of the nation through military service. For this purpose the Committee has on several occasions, recommended that the Veterans Benefit Administration (VBA) and Veterans Health Administration (VHA) program reports be broken out by the gender and the ethnicity of the veteran. Without this information, VA is unable to

effectively evaluate whether veteran groups are represented commensurate to their numbers in the military and/or whether the known rates of PTSD specific for various veteran groups.

6. **Case Management:** In the Committee's view, veterans' readjustment is a beyond medical, lifecycle adjustment requiring assessment of the veteran's quality of life and full range of functioning within the community. The Committee contends that the outcome for successful post-military readjustment is more than economic security and physical health. Quality of life measures are additional important outcomes for VA programs that contribute value to veterans' readjustment. Effective treatment of the whole veteran, in this regard, requires VA to effectively coordinate multiple services for veterans in a responsive and holistic manner.

7. **Knowledge of Military Culture and Experience:** The Committee contends that all VA service providers should maintain an informed understanding of the military and specific military campaigns and operations sufficient for developing therapeutic rapport, understanding veterans' military experiences and completing a comprehensive military history. A high priority for veterans' health care is the development and maintenance of a knowledge base of military-related experiences and exposures of particular consequence for post-military health, level of functioning and quality of life. In this regard, the Committee believes that systematic and comprehensive military histories are an integral component of veterans' health care assessments and treatment plans, and that military histories should be established as a clinical standard of care for all VA health care programs. The goal is to develop and maintain an increasingly more complete inventory of war-zone conditions that have adverse consequences for veterans' post-war health, readjustment and level of functioning. Such an inventory would include life threatening stressful combat experiences, exposure to toxic environmental agents, physical wounds and amputations, and other illnesses and injuries specific to the veteran's military occupation or the climate and terrain where the veteran served.

8. **Family Counseling:** The Committee strongly promotes family counseling as an important adjunct to the individual and/or group treatment of war trauma for some veterans to help improve the level of veterans' family functioning and to manage the possibly adverse affects of the veteran's psychological trauma on other family members. The latter is particularly important for precluding the risk of transmitting psychological trauma to the veteran's children through the latter's trauma distorted parenting behaviors. The Committee has previously recommended that VHA augment the Vet Center program's capacity to provide family counseling to war traumatized veterans by providing additional resources for qualified family therapists at some Vet Centers, the number and location of which to be determined by RCS.

9. **Employment and Education Counseling:** Employment and education counseling are central to veterans' post-military readjustment and career development. The goal of such services is to assist veterans realize optimum employment and career potential. Such services may include vocational assessment and testing, referrals for job-finding services, and/or referrals for educational programs deemed necessary for the veteran's career plans. All such services should be coordinated with counseling for PTSD when war-related traumas are a complicating factor impairing the veteran's capacity for successful employment functioning.

VI. **Summary of Committee Activities for the Year:** In May 2007, a Subcommittee consisting of Dr. Artie Shelton, David Pryce and Daniel Lindzey traveled to Camp Shelby, Mississippi to participate with local Vet Center staff in a Post-Deployment Health Reassessment (PDHRA) event. The PDHRA Program is a DoD force health protection contract program designed to enhance and extend the post-deployment continuum of care. The PDHRA offers education, screening, and a global health assessment to identify and facilitate access to care for deployment-related physical health, mental health and re-adjustment concerns for all service members. The PDHRA is conducted 90-180 days post-deployment, and provides outreach, education, and screening for deployment-related health conditions and readjustment issues, and outreach. As necessary referrals are made to Military Treatment Facilities, TRICARE providers, Department of Veterans Affairs (VA) health care facilities, and Vet Centers for additional evaluation and/or treatment. The Committee members in attendance observed the proceedings and actively assisted the Vet Center staff in greeting veterans referred by the military contract screeners for mental health and readjustment issues.

Later in October 2007, the full Committee conducted its two-day meeting in Washington, DC. For the fourth consecutive year, the main focus of the Committee's activities was on the military-related service needs of returning veterans from the war on terrorism in Afghanistan and Iraq. For this purpose, the Committee was host to briefings from several Department of Defense and Department of Veterans Affairs professionals. The Committee was briefed on mental health services at the Walter Reed Army Medical Center by the Chief of Psychiatry, and on mental health programs for returning service members presented by two representatives from the DoD's Force Protection and Readiness, Health Affairs. The Committee also received briefings from VA's Offices of Seamless Transition, Mental Health and Readjustment Counseling Service Vet Center Program. The Committee was host to a representative from the Wounded Warrior Project who presented observations regarding today's returning wounded. Finally the Committee was host to Mr. Norman Lloyd, the producer of a documentary film about the insertion of the 5th of the 7th Cavalry into Cambodia in May 1970. Mr. Lloyd was accompanied by General Maury Edmonds (U.S. Army Retired) who was

the commander featured in the film. The Committee viewed the film and discussed its therapeutic implications with Mr. Lloyd and General Edmonds following the viewing.

VI. Summary of Recommendations: The recommendations below are those generated by the Committee during its meeting in Washington, DC in October 2007. Committee recommendations 1 through 3 are similar to ones presented in last year's report. The Committee is including them in this year's report based upon the Committee's belief about their continuing value to war veterans and family members.

1. The Committee commends VA for authorizing a Vet Center program expansion to be completed in FY 2008 that includes 23 new Vet Centers and staff augmentation at 61 existing Vet Centers. However, based on a number of findings as listed below, the Committee recommends that VA consider additional augmentation of the Vet Center program:

- The growing number of separated service members from OEF/OIF to date who will require substantive readjustment counseling in Vet Centers.

- The high number of National Guard and Reserve component forces who disperse to all corners of the country upon separation from OEF/OIF.

- The Army studies conducted by Colonel Charles W. Hogue of the Walter Reed Army Institute of Research, that document the high incidence of combat related stigma and readjustment problems among OEF/OIF returning combat veterans.

- The effectiveness of VA's community-based Vet Centers in contacting the new veterans through aggressive GWOT outreach campaign and in providing timely readjustment counseling to veterans and veterans' family members.

The Committee believes that VA's capacity to respond to the service needs of the increasing number of OEF/OIF veterans and family members will be critical for years to come, and that further expansion of the Vet Center program is the most effective way to build VA's infrastructure to meet their needs over time.

2. Based upon the legislative authority for treating veterans' families at Vet Centers, the centrality of family relations to veterans' readjustment, and upon the demonstrated value of providing family counseling at those Vet Centers that have a qualified family counselor on staff, **the Committee recommends that VHA augment the Vet Center program's capacity to provide family counseling to traumatized veterans by providing additional resources for qualified family counselors at Vet Centers, the number and location of which to be determined by RCS.** The Committee understands that a family

counselor is not necessary at every Vet Center, but that some level of augmentation of family counselors at Vet Centers would enhance the program's capacity to clinically address the more complicated family adjustment problems among increasing numbers of returning OEF/OIF combat veterans.

3. The Committee believes that as time increases following demobilization and separation from active military, many veterans will develop readjustment problems to include the delayed onset of PTSD. To facilitate ease of access to Vet Centers for care once veterans have returned to their home communities, **the Committee recommends that Vet Centers ensure continuation of the more traditional methods of community outreach in addition to the GWOT outreach at demobilization sites.** Such methods would include liaison with community emergency responders, educational presentations at community mental health and social service agencies, and any other form of community education and liaison that will result in facilitating veteran referrals for follow-up readjustment counseling.

4. The Committee recognizes the value of the DOD/VA partnership in conducting PDHRA screenings of redeployed war veterans to be an important means of referring OEF/OIF veterans for needed VA services. **The Committee recommends that the Vet Center program continue its current practice of participating in 100% of all PDHRA events.**

5. The Committee reviewed literature distributed by the VISN 5 MIRECC that described the activities of the Returning Veterans Outreach, Education and Care Program (RVOEC). The Committee believes that the RVOEC program provides services that are redundant to the Vet Center program, and thereby are a misuse of vital mental health resources needed to treat veterans with complex and severe mental health problems. The Committee also believes that these services are important for war veterans and they are provided with greater effectiveness by the Vet Center program. **The Committee recommends that VA medical centers discontinue any efforts to establish programs duplicative of the Vet Centers.**

6. Given the incidence of severely wounded veterans returning from OEF/OIF suffering from TBI and PolyTrauma, the Committee recommends the following areas of consideration for a Vet Center program role in the long term rehabilitation of severely wounded veterans and their family members:

- To enhance the level of community services for severely wounded veterans, promote the establishment of collaborative partnerships between VA poly trauma units and Vet Centers, to include mutual briefings and tours of local facilities by staff.

- Promote increased utilization of Vet Center readjustment counseling services by families of severely wounded veterans who may also have war-related readjustment problems.

- As appropriate, increase the level of referral services for veterans to local Vet Centers for after care following their discharge from a poly trauma center.

- Increase the utilization of the Vet Centers for treatment of war-related readjustment problems to include PTSD, substance use, depression and suicide prevention.

- Promote the role of Vet Center counselors to provide veteran to veteran peer support.

- Promote the use of Vet Center community-based services to maximize the development of community service networks and referral sites for family members of severely wounded veterans, to include child care facilities, educational resources, interactive web sites, and other local family support agencies.

7. The Committee was informed by the Chief of Psychiatry from WRAMC that since the onset of hostilities in Afghanistan and Iraq, over 25,000 service members have received a separation from the military for 'Personality Disorder". Although the Committee was provided with no information as to how many of these separations were for combat veterans, the Committee remains concerned that many of these are combat veterans with war-related PTSD or other psychological readjustment problems, and who were erroneously coded as personality disorders by the military.

Given this information **the Committee recommends that VA promote a legislative proposal reinstating a provision in the original Vet Center authoring legislation in 1979 (Public Law 96-22) that was repealed by subsequent legislation in 1996 (Public Law 104-262).** This provision authorized the Vet Centers to provide limited assistance to war veterans to resolve problems presented with the character of their discharges. This provision gave the Vet Centers the latitude to help veterans with problematic discharges, assessed by Vet Center staff to have a probable connection to war trauma, by referral to services outside the VA and/or to obtain a discharge upgrade.

8. The Committee was informed during the briefing on VA mental health services that VA primary care physicians are adopting a major role in the provision of mental health services. **The Committee recommends, therefore, that VA primary care physicians be required to undergo training on general military culture and the military experiences pertaining to veterans of**

specific campaigns and combat theaters. The Committee believes that for each combat theater, the following variables will have significant consequences for the physical and mental health conditions of its veterans. The Committee likewise believes that the outcome of the VA health care services provided is largely contingent upon the attending physician's knowledge of the combat conditions experienced by the veteran:

- Historical source of the engagement
- Type of warfare and rules of engagement
- UN involvement
- US public support
- Support of indigenous population
- Geographical boundaries and conditions of the combat theater
- Natural and technological environmental exposures
- Adverse medical risks
- Involvement of National Guard and Reserve Personnel
- Involvement of Special operation forces
- Total service members deployed to the combat theater
- Military policy regarding multiple tours to the combat theater

9. It is the understanding of the Committee that Vet Centers make far more referrals to VA medical centers than VA medical centers make to Vet Centers. The Committee also understands that VA mental health professionals at medical centers have no standardized mechanism for executing and tracking referrals to Vet Centers. **The Committee recommends that VHA Mental Health establish a standardized referral procedure to Vet Centers and develop a performance measure that requires follow-up from the VAMC within 30 days to ensure that the veterans are receiving the care intended by the referring VA clinician.**

10. The unanimous judgment of the Committee following its viewing of the documentary film Shakey's Hill, was that the film was of significant therapeutic value to veterans and family members. In addition to the actual combat footage in Vietnam, the film promoted the role of family, peers and community in war veterans' readjustment through film footage showing a reunion among the

surviving veterans in the present day. The Committee understands that VA can not endorse products intended for commercial gain. However, the film's producer, Mr. Norman Lloyd, has established a not for profit organization to help him defray the personal cost of promoting his film. **The Committee recommends that VA give consideration to any ethically feasible means to promote the widest distribution of this film at VA Vet Centers and other VA facilities for viewing by the widest possible veteran audience.**

Advisory Committee Membership List:

Hector F. de Leon, Public Liaison Officer, Department of Homeland Security, Washington, DC

Diane Carlson Evans, R.N., Founder and Chair, Vietnam Women's Memorial Project, Inc., Washington, D.C.

Arthur E. Fillmore, Chairperson of Advisory Committee
Law Partner, Kansas City, Missouri.

Allen K. Hoe, Attorney at Law, Honolulu, Hawaii.

Daniel K. Lindsey, Retired Army Officer, Sugar Tree, Tennessee.

Carlos Martinez, President and Chief Executive Officer, National Veterans Outreach, Inc., American GI Forum, San Antonio, Texas.

Diane P. Plappert, BSN, Reserve Officer, U.S. Navy Nurse Corps
York, Pennsylvania

David H. Pryce, M.S.W., School of Social Work, University of Alabama
Tuscaloosa, Alabama.

Mary Candice Ross, Ph.D., Associate Dean and Professor, College of Nursing, University of South Alabama, Mobile, Alabama.

John W. Shannon, Retired Army Officer, Management Consultant
Temple Hills, Maryland.

Artie L. Shelton, M.D., Retired Army Officer, Health Care Consultant
Olney, Maryland.

John F. Sommer, Jr., Executive Director, The American Legion
Washington, D.C.

Kenneth O. Stout, Retired Army Officer, Anchorage, Alaska.

Department of Veterans Affairs (VA)

VA Responses to Recommendations Submitted to the Secretary of Veterans Affairs on March 31, 2008, by the Advisory Committee on the Readjustment of Veterans

Recommendation 1: The Committee commends VA for authorizing a Vet Center program expansion to be completed in FY 2008 that includes 23 new Vet Centers and staff augmentation at 61 existing Vet Centers. However, based on a number of findings as listed below, the Committee recommends that VA consider additional augmentation of the Vet Center program:

- The growing number of separated service members from OEF/OIF to date who will require substantive readjustment counseling in Vet Centers.
- The high number of National Guard and Reserve component forces who disperse to all corners of the country upon separation from OEF/OIF.
- The Army studies conducted by Colonel Charles W. Hogue, of the Walter Reed Army Institute of Research, that document the high incidence of combat related stigma and readjustment problems among OEF/OIF returning combat veterans.
- The effectiveness of VA's community-based Vet Centers in contacting the new veterans through aggressive GWOT outreach campaign and in providing timely readjustment counseling to veterans and veterans' family members.

The Committee believes that VA's capacity to respond to the service needs of the increasing number of OEF/OIF veterans and family members will be critical for years to come, and that further expansion of the Vet Center program is the most effective way to build VA's infrastructure to meet their needs over time.

VA Response: VA concurs with the intent of the Committee's recommendation to further expand the Vet Center program, and is committed to an ongoing analysis of veteran demographics and service needs to locate possible sites for future new Vet Centers and staffing adjustments. If additional resources are approved, they would be used to provide quality readjustment counseling to all war veterans and their family members, with particular attention to ensuring services for veterans returning from Afghanistan and Iraq.

Recommendation 2: Based upon the legislative authority for treating veterans' families at Vet Centers, the centrality of family relations to veterans' readjustment, and upon the demonstrated value of providing family counseling at those Vet Centers that

have a qualified family counselor on staff, the Committee recommends that VHA augment the Vet Center program's capacity to provide family counseling to traumatized veterans by providing additional resources for qualified family counselors at Vet Centers, the number and location of which to be determined by RCS. The Committee understands that a family counselor is not necessary at every Vet Center, but that some level of augmentation of family counselors at Vet Centers would enhance the program's capacity to clinically address the more complicated family adjustment problems among increasing numbers of returning OEF/OIF combat veterans.

VA Response: VA concurs with this recommendation and has targeted a number of the new expansion positions to increase the number of family counselors at Vet Centers. VA's Vet Center expansion activities are designed to enhance the program's capacity for the provision of direct readjustment counseling to combat veterans and family members. Increasing the number of family counselors at Vet Centers will be an important part of this effort.

Recommendation 3: The Committee believes that, as time increases following demobilization and separation from active military, many veterans will develop readjustment problems to include the delayed onset of PTSD. To facilitate ease of access to Vet Centers for care once veterans have returned to their home communities, the Committee recommends that Vet Centers ensure continuation of the more traditional methods of community outreach in addition to the GWOT outreach at demobilization sites. Such methods would include liaison with community emergency responders, educational presentations at community mental health and social service agencies, and any other form of community education and liaison that will result in facilitating veteran referrals for follow-up readjustment counseling.

VA Response: VA concurs with this recommendation and has no plans for the Vet Center program to discontinue its long established community-based outreach services designed to locate and inform veterans and family members, as well as to educate the community regarding veteran issues. Following the outbreak of hostilities in Afghanistan and Iraq, Vet Center outreach efforts were largely focused on early interventions with veterans. These efforts targeted returning service members at military demobilization and National Guard and Reserve sites. The Vet Centers are engaging in a mix of outreach strategies to include the traditional community events that feature veterans and family members. The latter are essential for making effective contact with those veterans who have returned to their home communities and are resuming normal family and work life.

Recommendation 4: The Committee recognizes the value of the DOD/VA partnership in conducting Post-Deployment Health Reassessment (PDHRA) screenings of redeployed war veterans to be an important means of referring OEF/OIF veterans for needed VA services. The Committee recommends that the Vet Center program continue its current practice of participating in 100 percent of all PDHRA events.

VA Response: VA concurs with this recommendation and has no plans to change the Vet Center program's commitment to participating in all PDHRA events.

Recommendation 5: The Committee reviewed literature distributed by the VISN 5 MIRECC that described the activities of the Returning Veterans Outreach, Education and Care Program (RVOEC). The Committee believes that the RVOEC program provides services that are redundant to the Vet Center program, and thereby are a misuse of vital mental health resources needed to treat veterans with complex and severe mental health problems. The Committee also believes that these services are important for war veterans and they are provided with greater effectiveness by the Vet Center program. The Committee recommends that VA medical centers discontinue any efforts to establish programs duplicative of the Vet Centers.

VA Response: VA concurs with the intent of this recommendation, and has already taken the line of action recommended by the Committee regarding the former RVOEC programs. These programs have undergone a mission change to ensure they retain their focus on assessment and coordination of care of veterans returning from Afghanistan and Iraq. To avoid duplication of efforts with Vet Centers, the RVOECs have discontinued their outreach activities in order to refocus on in-reach services to coordinate veterans' care among the various programs within the VAMC. Reflective of these changes, the RVOEC name has been formerly changed to Serving Returning Veterans Mental Health Teams. A major function of the newly designated programs is to provide mental health care in the post deployment heath clinics being established across the country.

Recommendation 6: Given the incidence of severely wounded veterans returning from OEF/OIF suffering from TBI and polytrauma, the Committee recommends the following areas of consideration for a Vet Center program role in the long term rehabilitation of severely wounded veterans and their family members:

- To enhance the level of community services for severely wounded veterans, promote the establishment of collaborative partnerships between VA polytrauma units and Vet Centers, to include mutual briefings and tours of local facilities by staff.

- Promote increased utilization of Vet Center readjustment counseling services by families of severely wounded veterans who may also have war-related readjustment problems.

- As appropriate, increase the level of referral services for veterans to local Vet Centers for after care following their discharge from a polytrauma center.

- Increase the utilization of the Vet Centers for treatment of war-related readjustment problems to include PTSD, substance use, depression and suicide prevention.

- Promote the role of Vet Center counselors to provide veteran to veteran peer support.

- Promote the use of Vet Center community-based services to maximize the development of community service networks and referral sites for family members of severely wounded veterans, to include child care facilities, educational resources, interactive web sites, and other local family support agencies.

VA Response: VA concurs with this recommendation to promote a more active working partnership between the Vet Centers and VA medical center units that treat polytrauma and TBI veteran patients. VA believes that such a closer working alliance will promote better care for severely wounded veterans and their family members.

Recommendation 7: The Committee was informed by the Chief of Psychiatry from Walter Reed Army Medical Center (WRAMC) that since the onset of hostilities in Afghanistan and Iraq, over 25,000 service members have received a separation from the military for "Personality Disorder." Although the Committee was provided with no information as to how many of these separations were for combat veterans, the Committee remains concerned that many of these are combat veterans with war-related PTSD or other psychological readjustment problems, and who were erroneously coded as personality disorders by the military.

Given this information the Committee recommends that VA promote a legislative proposal reinstating a provision in the original Vet Center authoring legislation in 1979 (Public Law 96-22) that was repealed by subsequent legislation in 1996 (Public Law 104-262). This provision authorized the Vet Centers to provide limited assistance to war veterans to resolve problems presented with the character of their discharges. This provision gave Vet Centers the latitude to help veterans with problematic discharges, assessed by Vet Center staff to have a probable connection to war trauma, by referral to services outside the VA and/or to obtain a discharge upgrade.

VA Response: VA appreciates the intent of this recommendation and will give the matter serious consideration for promotion through a legislative proposal.

Recommendation 8: The Committee was informed during the briefing on VA mental health services that VA primary care physicians are adopting a major role in the provision of mental health services. The Committee recommends, therefore, that VA primary care physicians be required to undergo training on general military culture and the military experiences pertaining to veterans of specific campaigns and combat theaters. The Committee believes that for each combat theater, the following variables will have significant consequences for the physical and mental health conditions of its veterans. The Committee likewise believes that the outcome of the VA health care services provided is largely contingent upon the attending physician's knowledge of the combat conditions experienced by the veteran:

- Historical source of the engagement
- Type of warfare and rules of engagement
- UN involvement
- US public support
- Support of indigenous population
- Geographical boundaries and conditions of the combat theater
- Natural and technological environmental exposures
- Adverse medical risks
- Involvement of National Guard and Reserve Personnel
- Involvement of Special operation forces
- Total service members deployed to the combat theater
- Military policy regarding multiple tours to the combat theater

VA Response: VA concurs in principle that some level of familiarity with military culture and veterans' combat experiences is of value to VA physicians in their treatment of combat veterans. VA does not concur in the necessity for the depth of knowledge recommended by the Committee regarding the particular variables that define the different combat theaters. A significant number of medical conditions treated in VA, including many mental health conditions, are not related to combat experiences. As noted by the Committee, VA is making efforts to increase the availability of treating war-related mental health disorders in primary care venues. This, however, is being implemented in the form of evidence-based practices in an integrated mental health and primary care service delivery setting.

Recommendation 9: It is the understanding of the Committee that Vet Centers make far more referrals to VA medical centers than VA medical centers make to Vet Centers. The Committee also understands that VA mental health professionals at medical centers have no standardized mechanism for executing and tracking referrals to Vet Centers. The Committee recommends that VHA Mental Health establish a standardized referral procedure to Vet Centers and develop a performance measure that requires follow-up from the VAMC within 30 days to ensure that the veterans are receiving the care intended by the referring VA clinician.

VA Response: VA concurs in principle with this recommendation. The usual mechanisms for making referrals and tracking their completion between the various programs within the VAMCs are not applicable to Vet Centers. Lack of access to computerized medical records in some Vet Centers makes it difficult to track such referrals. However, in most cases, there is a local system of collaboration established between Vet Centers and medical facilities whereby referrals are frequently made on an informal basis.

Recommendation 10: The unanimous judgment of the Committee following its viewing of the documentary film Shakey's Hill, was that the film was of significant therapeutic value to veterans and family members. In addition to the actual combat footage in Vietnam, the film promoted the role of family, peers and community in war veterans' readjustment through film footage showing a reunion among the surviving veterans in the present day. The Committee understands that VA can not endorse products intended for commercial gain. However, the film's producer, Mr. Norman Lloyd, has established a not for profit organization to help him defray the personal cost of promoting his film. The Committee recommends that VA give consideration to any ethically feasible means to promote the widest distribution of this film at VA Vet Centers and other VA facilities for viewing by the widest possible veteran audience.

VA Response: VA concurs with the Committee's intent in making this recommendation and will review the matter carefully.